

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number II - 10315	2. Fiscal Year Covered From 1 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Felisa Castillo P.O. Box, Bldg., Room No., if any Street 500 Jefferson Avenue City Redwood City CA 94063-1704 State ZIP Code + 4	4. Name, file number, and address of labor organization. Name Bakery, Confectionery, Tobacco Workers & Grain Millers, Local 24 Labor Organization File Number 021-582 P.O. Box, Building and Room Number, if any Street 500 Jefferson Avenue City Redwood City CA 94063-1704 State ZIP Code + 4
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount. N/A

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Felisa Castillo

On

8-15-05

Date

650-364-0990

Telephone Number

Name of Person Filing	Felisa Castillo	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 221 Main Street, 2nd Floor</p> <p>Street</p> <p>City San Francisco</p> <p>State CA 94105 ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name BAKERS HEALTH & WELFARE FUND</p> <p>Trade Name, if any: P.C. BOX 420627</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City SAN FRANCISCO</p> <p>State CA 94142-0627 ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p>Reimbursement from trust fund</p> <p>11.b. Approximate dollar value of such dealing. n/a</p> <p>12.a. Nature of interest held or income received.</p> <p>I am the chairperson of the trust fund and was reimbursed for parking expense incurred at periodic trust meetings.</p> <p>12.b. Amount. \$24.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p> <p>N/A</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p> <p>N/A</p>